Evidence for change in age is shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07105

FILM No. G 121 JUL 11 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; STREET ADDRESS Rural (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Florence (Last) Alvey

4. DATE OF DEATH: (Month) 7/ (Day) 2/ (Year) 19 49

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/22/1893

9. AGE last birthday: 57 56 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Leach

14. MOTHER'S MAIDEN NAME: Pauline Abell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Leonard S. Alvey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 93d

Immediate cause (a) Myocardial Failure — Interval Between Onset and Death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Thrombosis — 1 day

(c) Chronic Myocarditis with Auricular Fibrillation — over 7 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1942, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 5 30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

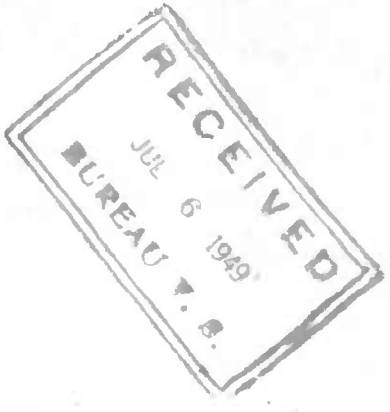
Robert F. Fuchs, M.D. Leonardtown, Md. 7/4/49.

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE: 7/4/49 — NAME OF CEMETERY OR CREMATORY: St. Josephs Cemetery — LOCATION (City, town, or county) (State): Morganza, Md.

DATE REC'D BY LOCAL REG. 7/4/49 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Md.

VS. A15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BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07106

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Great Mills; MARYLAND; LENGTH OF STAY (in this place) 20 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Great Mills; STREET ADDRESS (If rural give location) Chancellors Run Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Lodisca	Armsworthy	July	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year (Months)	(Days)	If under 24 hrs. (Hours)	(Min.)
Female	White	Married	Dec. 7, 1871	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stephen E. Russell	Alice A. Cecil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		J. Odell Armsworthy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(e) Coronary Thrombosis	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Phlebitis (both legs)	10 years
	(c) Chronic esthritis	15 years

463
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from January, 1940, to July 14, 1949, that I last saw the deceased alive on July 14, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. J. Beany	M.D.	Great Mills, Md.	July 14/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-16-1949	Holy Face Cemetery	Great Mills, St Mary's, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 14, 49	P. J. Beany M.D. Local registar	W. E. McKnight Lowe	Leonardtown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07107

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Walter	Barber	7	18	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days.	If under 24 hrs.: Hours. Min.
Male	Colored	Widowed	5/8/1887	62 yrs.	2 10	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Barber	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No		Cora Stephens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 Days
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar., 19 46 to July 18, 19 49, that I last saw the deceased alive on July 17 19 49 and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Francis F Grasewell M.D.	Leonardtown St Marys Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/21/49	St. Johns	Hollywood MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/20/49	Vacation	P.B. Robinson	Leonardtown, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07108

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH: COUNTY Mechanicsville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Home; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) B. (Last) Burroughs

4. DATE OF DEATH: (Month) July (Day) 29th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 12th 1864

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St Marys Co. Md

12. CITIZEN OF WHAT COUNTRY? citizen

13. FATHER'S NAME: Thomas H. Burroughs

14. MOTHER'S MAIDEN NAME: Elizabeth Sothoron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: E. Ray Burroughs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 **Immediate cause** (a) Cardiac Failure

92b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Mitral Stenosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1949, to 7/29, 1949, that I last saw the deceased alive on 7/29, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE Leon J. Sothoron (Degree or title) M D ADDRESS Charlotte Hall Md DATE SIGNED 7/30-49

23. BURIAL / CREMATION / REMOVAL (Specify) All Faiths; DATE THEREOF Aug. 1st 1949; NAME OF CEMETERY OR CREMATORY All Faiths; LOCATION (City, town, or county) Mechanicsville (State) Md

DATE REC'D BY LOCAL REG. Jul. 30-1949; REGISTRAR'S SIGNATURE Eleanor S. Carter

24. FUNERAL DIRECTOR W. C. Mattingly Sons Leonardtown, Md. ADDRESS

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BUREAU V. S.

DETAILS from f.d. WALTERS, filmed G122 9-26-49 L

07288

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH· COUNTY: St Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LEONARDTOWN — LENGTH OF STAY (in this place): 3d	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Mary's Hosp	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ETHYL (Middle) V (Last) CHESELDINE

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M — 8. DATE OF BIRTH: Nov 16 1907 — 9. AGE last birthday: 41 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): WASH. DC. — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JOHN H. BURKLEY — 14. MOTHER'S MAIDEN NAME: ETHEL H. RUSSELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: HUSBAND: FRED C. CHESELDINE, BOWIE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 3 days

415 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic cardiovascular disease, — 12 years

93c (c) with cardiac decompensation — 2 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 July 1949, to 26 July, 1949, that I last saw the deceased alive on 26 July, 1949, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE: Roy Guyther, Md (Degree or title) — ADDRESS: Mechanicsville, Md — DATE SIGNED: 9/15/49

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 7-29-49 — NAME OF CEMETERY OR CREMATORY: Church of Ascension Cem. — LOCATION (City, town, or county) (State): Bowie Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Takoma Funeral Home — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Burial 22 9/19/49

Dr Clapp

T

SEP 19 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07109

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 6 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abells
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hosp.	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George	(Middle) D.	(Last) HERBERT	4. DATE OF DEATH (Month) JULY	(Day) 27	(Year) 1949
5. SEX MALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 11, 1895	9. AGE last birthday 53 yrs.	If under 1 year Months 9 Days 16 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Ben Herbert		14. MOTHER'S MAIDEN NAME Ida Barnes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) NONE	16. SOCIAL SECURITY No. 219-16-2378	17. INFORMANT Ida Young Herbert		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Cerebral Vascular accident — 8 hrs

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE J. Roy Gruyter (Degree or title) ADDRESS MD Mechanicsville Md DATE SIGNED 7/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/30/49	NAME OF CEMETERY OR CREMATORY Sacred Heart	LOCATION (City, town, or county) Bushwood	(State) Md.
DATE REC'D BY LOCAL REG. 7/28/49	REGISTRAR'S SIGNATURE Carvalier	24. FUNERAL DIRECTOR Jos. C. Mattingley	ADDRESS Leonardtown Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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07110

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Marie	(Middle) Louise	(Last) Herbert	4. DATE OF DEATH	(Month) 7	(Day) 8	(Year) 1949
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1/18/1866	9. AGE last birthday 83 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Joseph Cutch	14. MOTHER'S MAIDEN NAME Mary E. Dossey						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT James F. Herbert					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

410 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Insufficiency

92b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1949, to July 8, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank A. Carnalis	MD	Leonardtown Md	July 8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7/11/49	NAME OF CEMETERY OR CREMATORY St. Josephs	LOCATION (City, town, or county) Morganza	(State) MD.
DATE REC'D BY LOCAL REG. 7/8/49	REGISTRAR'S SIGNATURE Carnalis	24. FUNERAL DIRECTOR Robinson Fun'l Home	ADDRESS Leonardtown	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 11 1949
BUREAU V. S.

07111

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) One day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ridge St Marys COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge PO
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Turner (Middle) M. (Last) Johnston Jr.

4. DATE OF DEATH (Month) 7/28/ (Day) (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 11/17/1902
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor
10b. KIND OF BUSINESS OR INDUSTRY Contraction
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Turner M. Johnston Sr.
14. MOTHER'S MAIDEN NAME Henrietta Beckwith Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Corrie Sullivan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

908.7 Immediate cause (a) Basal fracture of skull — INTERVAL BETWEEN ONSET AND DEATH: immediate

1860 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Trauma.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) County Jail (CITY OR TOWN) Leonardtown, (COUNTY) St. Marys (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 28 (Year) 49 (Hour) 14 hrs.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell in cell.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Julian J. Lane W. (Degree or title) ADDRESS Leonardtown, Md. DATE SIGNED 7/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF 7/28/49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Ashland, Virginia
DATE REC'D BY LOCAL REG. 7/28/49
REGISTRAR'S SIGNATURE Carmaley
24. FUNERAL DIRECTOR Crew & Clayton, ADDRESS Ashland, Virginia

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 1 1949
BUREAU V. S.

07112

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 9 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN So James
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) (Last) Miles

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 19-1900
9. AGE last birthday 49 yrs. If under 1 year Months 1 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James, Chisley
14. MOTHER'S MAIDEN NAME Maggie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT Harold Miles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
444	Immediate cause	(a) Heart Failure	2 Mos.
131b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Nephritis (chronic)	5 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE Wm H Patrick M.D. (Degree or title) ADDRESS Lexington Park Md. DATE SIGNED 7-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 25-49
NAME OF CEMETERY OR CREMATORY Mount Zion
LOCATION (City, town, or county) St Magoes St Marys (State) Md

DATE REC'D BY LOCAL REG. 7/25/49
REGISTRAR'S SIGNATURE Chevalier
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 26 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07113

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; USNAS., Patuxent River, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, USNAS., Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Illinois; COUNTY Cook; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago, Illinois; STREET ADDRESS (If rural give location) 4506 North Mobile Ave

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) MOREY Jr.

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-26-28

9. AGE last birthday: 20 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Edward MOREY Sr.

14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes- August 1946 to present

16. SOCIAL SECURITY NO.:

17. INFORMANT: U.S. Navy Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

894.7 Immediate cause (a) POISONING ACUTE, GAS, gasoline fumes. — Interval between onset and death: Minutes

178x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): USNAS.

(CITY OR TOWN) USNAS., Patuxent River (COUNTY) St.Marys (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 1 (Year) 1949 (Hour) 4:40 P m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Overcome by gasoline fumes.

22. I hereby certify that I attended the deceased from 1 July, 1949, to 1 July, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 5:25 P.m., from the causes and on the date stated above.

SIGNATURE Paul Vaughan (Degree or title) PAUL VAUGHAN, CAPT., MC USN ADDRESS U.S.N.A.S., PATUXENT RIVER, MARYLAND DATE SIGNED 7-2-49

23. BURIAL, CREMATION / REMOVAL (Specify): Transportation

DATE THEREOF: 7/3/49

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Chicago, Illinois

DATE REC'D BY LOCAL REG. 7/3/49

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: P. B. Robinson, Leonardtown, Md.

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location) 36 Cypress Place ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Vernon (Last) Smith

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/31/1890

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Fireman

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward Smith

14. MOTHER'S MAIDEN NAME: Sallie Lenahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 232-12-7990

17. INFORMANT: Stewart E. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) General peritonitis — Interval between onset and death: 5 days

Antecedent cause(s)

460 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured gastric ulcer (Carcinoma) — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 21-49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach with ulceration & perforation

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: no (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1949, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 3.40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clayton C. Welch M.D. ADDRESS: Chaptico St Mary's Co. DATE SIGNED: 7/28

23. BURIAL, CREMATION REMOVAL (Specify): Transportation DATE: 7/28/49 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State): Charlottsville, Virginia

DATE REC'D BY LOCAL REG.: 7/27/49 REGISTRAR'S SIGNATURE: Carmalee

24. FUNERAL DIRECTOR: P.B. Robinson ADDRESS: Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 29 19
BUREAU T. S.